СОПОІ	A T T T T T	17 71 4 0 1 4		
1616	WEST	BENDER	ROAD	
3 6 T T T-77			F 2 2 2 2	

TOTO MEST DENDER KOND				
MILWAUKEE 53209	Phone: (414) 228-8700	0	Ownership:	Corporation
Operated from 1/1 To 12	2/31 Days of Operation:	: 365	Highest Level License:	Skilled
Operate in Conjunction wi	ith Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and	d Staffed (12/31/03):	141	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capaci	ity (12/31/03):	141	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12	2/31/03:	102	Average Daily Census:	112

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis.	of Residents (	12/31/03)	Length of Stay (12/31/03)	왕	
Home Health Care	No	Primary Diagnosis	용	Age Groups	용		13.7	
Supp. Home Care-Personal Care	No					1 1 10010	69.6	
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	17.6	More Than 4 Years	2.9	
Day Services	No	Mental Illness (Org./Psy)	29.4	65 - 74	18.6			
Respite Care	No	Mental Illness (Other)	11.8	75 - 84	27.5		86.3	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	29.4	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.9	95 & Over	6.9	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.9		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	18.6	65 & Over	82.4			
Transportation	No	Cerebrovascular	14.7			RNs	10.0	
Referral Service	No	Diabetes	2.9	Gender	용	LPNs	10.4	
Other Services	No	Respiratory	3.9			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	10.8	Male	30.4	Aides, & Orderlies	38.9	
Mentally Ill	No	I		Female	69.6	1		
Provide Day Programming for		I	100.0	1		I		
Developmentally Disabled	No	I		1	100.0	I		
**********	***	******	*****	*****	*****	******	*****	

## Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19			Other			Private Pay	<b>:</b>		Family Care			Managed Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	왕	Per Diem (\$)	No.	엉	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 2	2.6	152	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.0
Skilled Care	15	100.0	330	71	92.2	131	0	0.0	0	3	100.0	184	6	100.0	131	1	100.0	350	96	94.1
Intermediate				2	2.6	110	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.0
Limited Care				1	1.3	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.3	191	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1.5	100.0		77	100.0		0	0.0		3	100.0		6	100.0		1	100.0		102	100.0

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 1	.2/31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	용		sistance of	% Totally	
Private Home/No Home Health	9.1	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	3.9		54.9	41.2	102
Other Nursing Homes	17.3	Dressing	12.7		54.9	32.4	102
Acute Care Hospitals	70.9 I	Transferring	20.6		48.0	31.4	102
Psych. HospMR/DD Facilities	1.8	Toilet Use	14.7		48.0	37.3	102
Rehabilitation Hospitals	0.0	Eating	43.1		40.2	16.7	102
Other Locations	0.9	*****	*****	*****	*****	*****	******
Otal Number of Admissions	110	Continence		용	Special Treatmen	ts	8
Percent Discharges To:	I	Indwelling Or Extern	nal Catheter	8.8	Receiving Resp	iratory Care	2.9
Private Home/No Home Health	17.2	Occ/Freq. Incontine	nt of Bladder	61.8	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	7.8	Occ/Freq. Incontine	nt of Bowel	61.8	Receiving Suct	ioning	0.0
Other Nursing Homes	8.6	-			Receiving Osto	my Care	2.0
Acute Care Hospitals	25.0 I	Mobility			Receiving Tube	Feeding	6.9
Psych. HospMR/DD Facilities	0.9	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Die	ets 40.2
Rehabilitation Hospitals	0.0				_	-	
Other Locations	6.9 I	Skin Care			Other Resident C	haracteristics	
Deaths	33.6	With Pressure Sores		15.7	Have Advance D	irectives	59.8
Total Number of Discharges	i	With Rashes		2.9	Medications		
(Including Deaths)	116 i				Receiving Psyc	hoactive Drugs	55.9

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

***********	******	****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Bed Size:		ensure:		
	This	Pro	orietarv	100	-199	Ski	lled	Al	1
	Facility	Peer	Peer Group % Ratio		Group	Peer	Group	Faci	lities
	%				% Ratio		% Ratio		Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	63.7	84.7	0.75	87.0	0.73	86.6	0.74	87.4	0.73
Current Residents from In-County	96.1	81.8	1.17	86.4	1.11	84.5	1.14	76.7	1.25
Admissions from In-County, Still Residing	23.6	17.7	1.34	18.9	1.25	20.3	1.16	19.6	1.20
Admissions/Average Daily Census	98.2	178.7	0.55	166.7	0.59	157.3	0.62	141.3	0.70
Discharges/Average Daily Census	103.6	180.9	0.57	170.6	0.61	159.9	0.65	142.5	0.73
Discharges To Private Residence/Average Daily Census	25.9	74.3	0.35	69.1	0.37	60.3	0.43	61.6	0.42
Residents Receiving Skilled Care	96.1	93.6	1.03	94.6	1.02	93.5	1.03	88.1	1.09
Residents Aged 65 and Older	82.4	84.8	0.97	91.3	0.90	90.8	0.91	87.8	0.94
Title 19 (Medicaid) Funded Residents	75.5	64.1	1.18	58.7	1.29	58.2	1.30	65.9	1.15
Private Pay Funded Residents	2.9	13.4	0.22	22.4	0.13	23.4	0.13	21.0	0.14
Developmentally Disabled Residents	1.0	1.1	0.91	1.0	0.96	0.8	1.16	6.5	0.15
Mentally Ill Residents	41.2	32.2	1.28	34.3	1.20	33.5	1.23	33.6	1.23
General Medical Service Residents	10.8	20.8	0.52	21.0	0.51	21.4	0.51	20.6	0.52
Impaired ADL (Mean)	56.7	51.8	1.09	53.1	1.07	51.8	1.09	49.4	1.15
Psychological Problems	55.9	59.4	0.94	60.0	0.93	60.6	0.92	57.4	0.97
Nursing Care Required (Mean)	8.8	7.4	1.19	7.2	1.23	7.3	1.22	7.3	1.20